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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with					
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A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/98 or equivalent) is required to be					
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SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee					
Signature	MURILLE, R	leun 1	····	Date 14 Janua	ry 2005
Name	Michael E. Marion			Telephone (914)	
Title	Authorized Representative				

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

**PHNL031054 US** 

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: the specification of which (check only one item below): is attached hereto. was filed as United States application Serial No on and was amended on was filed as PCT international application PCT/IB2004/051481 Number 18 August 2004 and was amended under PCT Article 19 (if applicable). on I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed: PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119: COUNTRY **APPLICATION NUMBER** DATE OF FILING **PRIORITY** DAY, MONTH, YEAR **CLAIMED UNDER** 35 USC 119 03103288.1 Europe 04 September 2003 YES

Attorneys Docket Number Combined Declaration For Patent Application and Power of Attorney (Continued) **PHNL031054 US** (includes Reference to PCT International Applications) POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) Direct Telephone Calls to: Jack E. Haken, Reg. No. 26,902 (name and telephone number) Michael E. Marion, Reg. 32,266 (914)332-0222 Edward M. Blocker, Reg. No. 30,245 FIRST GIVEN NAME SECOND GIVEN NAME **FULL NAME FAMILY NAME** OF **VAN DER POEL** Leo Desiree Lucas **INVENTOR** STATE OR FOREIGN COUNTRY RESIDENCE COUNTRY OF CITIZENSHIP CITY 201 Eindhoven The Netherlands The Netherlands CITIZENSHIP POST OFFICE POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY CITY Prof. Holstlaan 6 5656 AA Eindhoven The Netherlands ADDRESS

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

DATE

31 March 2005

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